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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 Corporation

→ Filing period. February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 11 2023

Entity ID Number	2. Exact name	of the Corporation				· · · · · · · · · · · · · · · · · · ·	
35321	CONSIDERED OPINIONS INCORPORATED						
3 Principal Office Address	·		City		State	Ζp	
2224 PAWTUCKET AVENUE			i	ROVIDENCE	RI	02914	
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island						
812990	General business consulting, to hold, own, acquire, buy, sell, mortgage, borrow upon and						
5. State of Incorporation	otherwise transfer real and personal property						
RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment [
President Name PETER A. WHEALTON			Vice-President Name PETER A. WHEALTON				
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE				
^{City} EAST PROVIDENCE	State RI	^{Zip} 02914	City EAST	PROVIDENCE	State RI	^{Z_{ip}} 02914	
Secretary Name PETER A. WH	Treasurer Name PETER A. WHEALTON						
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE				
City EAST PROVIDENCE	State RI	^{Zip} 02914	City EAST PROVIDENCE		State RI		
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name PETER A. WHEALTON			Director Name	Director Name			
Street Address 2224 PAWTUCKET AVENUE			Street Address				
City EAST PROVIDENCE	State RI	^{Zip} 02914	City		State	Zıp	
Director Name	 -	•	Director Name	9		· · ·	
Street Address			Street Address				
City	State	Zıp	City	···	State	Zip	
9. Snares Authorized	·	10. Shares Issu	<u> </u>	Check th	l ne box to in	ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
		100		COMMON	NO PAR		
11. This report must be executed or	n behalf of the c	corporation by an ai	uthorized repres	sentative. If the corpora	ation is in t	ne nands of a receiver or	
trustee, this report must be execute	d on behalf of t	he corporation by the	ne receiver or tr	rustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and							
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
PETER A. WHEALTON					3/10/33		
Signature of Authorized Representative							
							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov